	Effective on 12	/08/2004						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known			
FEE TRANSMITTAL				Appli	cation Number	10/510,1	19	
For FY 2008					Date	10/4/200		
					Named Inventor	Linda Di		
Applicant claims small entity status. See 37 CFR 1.27					iner Name	Phillip G	ambel	
TOTAL AMOUNT OF PAYMENT (\$) 990					nit ney Docket	1644	15102	
(4) 550					ney Docket	0470 - 04	13183	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Number: 23-0650 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
				mall Entity				0.
Application Type	-	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fe	es Paid (\$)
Utility	310	75	510	255	210	105		55 2 HIQ (B)
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80	***************************************	
Reissue	310	155	510	255			***************************************	······································
Provisional	210	105			620	310		
Provisional 210 105 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
For Description								Small Entity
Each claim over 20 (including Reissues)							Fee (\$) <u>Fee (\$)</u> 25
Each independent claim over 3 (including Reissues) 23 25 26 27 28 28 29 20 20 20								
Multiple dependent cl							370	185
Total Claims -	20 or HP	Extra Clai		e (\$)	Fee Paid (\$)		<u>Multiple</u>	e Dependent Claims
HP = highest number of	f total claims pai	= d for if greater th	X	=			Fee (S	S) Fee Paid (\$)
							0.00	0.00
Indep. Claims -	3 or HP	<u>Extra Clai</u> =	ms Fe	<u>ee (\$)</u> =	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = / 50 = (round up to a whole number) x = = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g. late filing surcharge): Potition for Extension (CT) (C100) P.								
990.00								
SUBMITTED BY								
Signature	alin A	1 #	mil		gistration No. torney/Agent)	22,132	Telephone 41	2-471-8815
Name (Print/Type)	William I	I. Logsdøn	1	1	J 3-22-5		Date J	uly 30, 2008